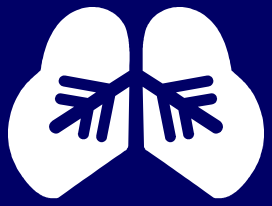
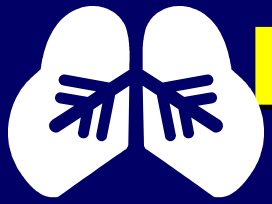


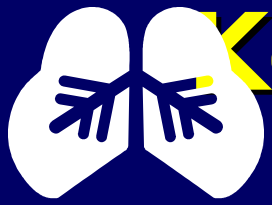
# Component 4: Education for a Partnership in Asthma Care

The goal of all patient education is to help patients take the actions needed to control their asthma.



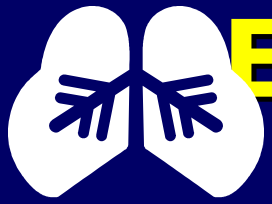
# Establish a Partnership

- Patient education should begin at diagnosis and be integrated into every step of medical care.
- Principal clinician should introduce key educational messages and negotiate agreements with patients.
- Other members of the health care team should reinforce and expand patient education.
- Team members should document in the patient’s record the key educational points, patient concerns, and actions the patient agrees to take.



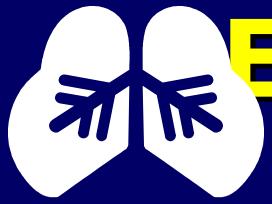
# Key Educational Messages for Asthma

- Basic Facts About Asthma
  - Contrast normal and asthmatic airways
- Roles of Medications
  - Long-term-control and quick-relief medications
- Skills
  - Inhalers, spacers, symptom and peak flow monitoring, early warning signs of attack
- Relevant Environmental Control Measures
- When and How To Take Rescue Actions



# Education for a Partnership in Asthma Care: Key Patient Tasks

- Take daily medications for long-term control as prescribed
- Use metered-dose inhalers, spacers, and nebulizers correctly
- Identify and control factors that make asthma worse



# Education for a Partnership in Asthma Care: Key Patient Tasks (continued)

- Monitor peak flow and/or symptoms
- Follow the written action plan when symptoms occur

**ASTHMA ACTION PLAN FOR** _____ Doctor's Name _____ Date _____

Doctor's Phone Number _____ Hospital/Emergency Room Phone Number

## GREEN ZONE: Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

**And, if a peak flow meter is used,**
**Peak flow:** more than _____
(80% or more of my best peak flow)

My best peak flow is: _____

## Take These Long-Term-Control Medicines Each Day (include an anti-inflammatory)

| Medicine | How much to take | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Before exercise** ❑ _____ ❑ 2 or ❑ 4 puffs 5 to 60 minutes before exercise

## YELLOW ZONE: Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

**-Or-**

**Peak flow:** _____ to _____
(50% - 80% of my best peak flow)

FIRST **Add: Quick-Relief Medicine – and keep taking your GREEN ZONE medicine**

_____ ❑ 2 or ❑ 4 puffs, every 20 minutes for up to 1 hour
(short-acting $beta_2$-agonist) ❑ Nebulizer, once

SECOND **If your symptoms (and peak flow, if used) *return to GREEN ZONE* after 1 hour of above treatment:**
❑ Take the quick-relief medicine every 4 hours for 1 to 2 days.
❑ Double the dose of your inhaled steroid for _____ (7-10) days.

**-Or-**

**If your symptoms (and peak flow, if used) *do not return to GREEN ZONE* after 1 hour of above treatment:**
❑ Take: _____ ❑ 2 or ❑ 4 puffs or ❑ Nebulizer
(short-acting $beta_2$-agonist)
❑ Add: _____ _____ mg. per day For _____ (3-10) days
(oral steroid)
❑ Call the doctor ❑ before/ ❑ within _____ hours after taking the oral steroid.

## RED ZONE: Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

**-Or-**
**Peak flow:** less than _____
(50% of my best peak flow)

**Take this medicine:**

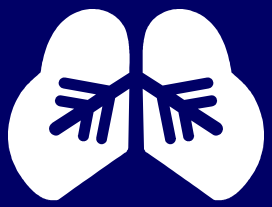
❑ _____ ❑ 4 or ❑ 6 puffs or ❑ Nebulizer
(short-acting $beta_2$-agonist)
❑ _____ _____ mg.
(oral steroid)

**Then call your doctor NOW.** Go to the hospital or call for an ambulance if:
- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

## DANGER SIGNS

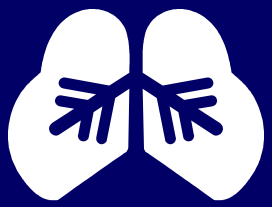
- **Trouble walking and talking due to shortness of breath**
- **Lips or fingernails are blue**

- **Take ❑ 4 or ❑ 6 puffs of your quick-relief medicine *AND***
- **Go to the hospital or call for an ambulance ( _____ ) *NOW!***



# Jointly Develop Treatment Goals

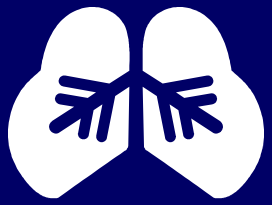
- Determine the patient's personal treatment goals
- Share the general goals of asthma treatment with the patient and family
  - Prevent troublesome symptoms, including nocturnal symptoms
  - Maintain (near-) "normal" lung function
  - Maintain normal activity levels (including exercise and other physical activity). Not miss work or school due to asthma symptoms



# Jointly Develop Treatment Goals (continued)

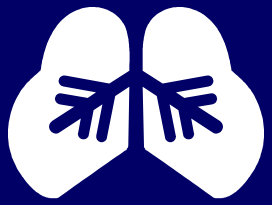
- Prevent recurrent exacerbations of asthma and minimize the need for emergency department visits or hospitalizations
- Provide optimal pharmacotherapy with least amount of adverse effects
- Meet patients' and families' expectations of and satisfaction with asthma care

- Agree on the goals of treatment



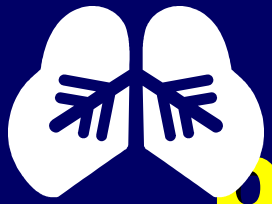
# Patient Education by Clinicians: Initial Visit

- Assessment Questions
  - Focus on concerns, quality of life, expectations, goals
- Information
  - Teach what is asthma, treatments, when to seek medical advice
- Skills
  - Teach correct inhaler/spacer use, signs and symptoms of asthma, signs of deterioration, action plan



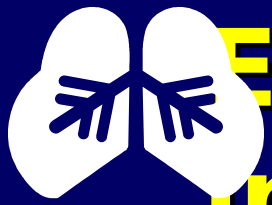
# Patient Education by Clinicians: First Followup Visit

- Assessment Questions
  - Ask: New concerns? medication use? problems?
- Information
  - Teach: Use of types of medications; evaluation of progress in asthma control
- Skills
  - Teach: Use of action plan; correct inhaler use; consider peak flow monitoring



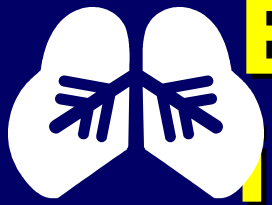
# Patient Education by Clinicians: Second and Other Followup Visits

- Assessment
  - Concerns, problems, questions about action plan, expectations
- Information
  - How to identify factors that make asthma worse; environmental control strategies for indoor allergens; avoid tobacco smoke; review medication use, dose, frequency
- Skills
  - Inhalers, peak flow, use of action plan



# Education for a Partnership in Asthma Care: Increasing the Likelihood of Compliance

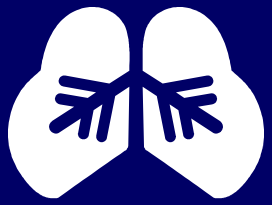
- Develop an asthma action plan with the patient.
- Fit the daily medication regimen into the patient's and family's daily routines.
- Identify and address obstacles and concerns.
- Ask for agreement/plans to act.



# Education for a Partnership in Asthma Care: Increasing the Likelihood of Compliance

**(continued)**

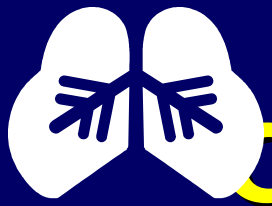
- Encourage or enlist family involvement.
- Follow up. At each visit, review the performance of the agreed-upon actions.
- Assess the influence of the patient's cultural beliefs and practices that might affect asthma care.



# Promoting Open Communication To Encourage Patient Adherence

## Friendly Manner

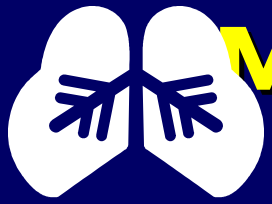
- Show attentiveness (e.g., eye contact, attentive listening)
- Give nonverbal encouragement (e.g., nodding agreement, smiling)
- Give verbal praise for effective management strategies
- Use interactive conversation (e.g., asking open-ended questions)



# Promoting Open Communication To Encourage Patient Adherence (continued)

## Reassuring Communication

- Elicit patient's underlying concerns about asthma
- Allay fears with specific reassuring information

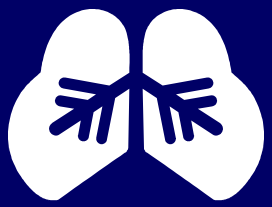


# Maintain the Partnership

- Educational efforts should be continuous
- Demonstrate, review, evaluate, and correct inhaler/spacer technique at each visit because these skills deteriorate rapidly

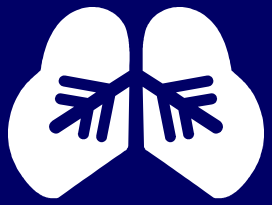
# Maintain the Partnership
**(continued)**

- Promote open communication at each followup visit by:
  - Asking about patient concerns early in each visit
  - Reviewing the short-term goals agreed on in the initial visit
  - Reviewing the action plan and the steps the patient was to take
  - Adjust the plan as needed
  - Teaching and reinforcing key educational messages
  - Giving patients simple, brief written materials that reinforce the actions recommended and skills taught



# Supplement Patient Education Delivered by Clinicians

- Written materials and formal education programs can *supplement, but not replace* patient education provided in the office.
- All patients may benefit from a formal asthma education program that has been evaluated and reported in the literature to be effective.



# Supplement Patient Education Delivered by Clinicians (continued)

- Formal programs should be:
  - Taught by qualified asthma educators who are knowledgeable about asthma and experienced in patient education.
  - Delivered as designed. Effectiveness may be compromised when various programs are pieced together or condensed, or when strategies are deleted.